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Book Review

The Western Journal of Medicine does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.

Rehabilitation of the Physically Disabled Adult

Edited by C. John Goodwill, MB, BS, FRCP, Consultant Physician in Rheumatology and Rehabilitation, Kings College Hospital, London, and M. Anne Chamberlain, BSc, FRCP, Consultant Physician in Rehabilitation Medicine, General Infirmary at Leeds; Honorary Senior Lecturer, School of Medicine, University of Leeds; and Director of the National Demonstration Centre in Rehabilitation, Leeds. Sheridan House Inc, 145 Palisade St, Dobbs Ferry, NY 10522, 1988. 852 pages; \$89.50 (cloth), \$45 (paper).

The sensitive and thought-provoking chapters in *Rehabilitation of the Physically Disabled Adult* embrace a broad spectrum of viewpoints on various disabling conditions and provide a fascinating and often shocking insight into the workings of British society and the National Health Service.

Arranged systematically according to musculoskeletal, energy-restricting, sensory, communication, and neurologic disorders, contributors include specialists in rehabilitative medicine, rheumatology, orthopaedics, neurology, dental surgery, geriatrics, pediatrics, ophthalmology, audiology, cardiology, plastic surgery, epidemiology, and community medicine. Additional chapters by allied health professionals, a medical physicist, and a rehabilitation engineer are included on select topics such as incontinence, sexual dysfunction, adaptive equipment, bioengineering, social services and benefits, housing and residential care, education, and employment.

The picture that emerges is of a society with a long and proud tradition of providing caring, supportive services to "invalids," but which is struggling to develop those attitudes and technologies that enable citizens with disabilities to become independent and productive members of society.

To an American physician like myself who has been sensitized to empower persons with disabilities to reach for what were previously considered to be unattainable goals—white water rafting, climbing a mountain in a wheelchair, marathon racing, playing wheelchair racquetball, scuba diving despite blindness or paralysis—it is rather shocking to read that recreation for spinal cord injured patients must be "limited to gardening and possibly birdwatching (emphasis mine)," or that "He can fish, providing the wheelchair is suitably anchored so that the fish does not win." Paternalistic, old-fashioned, and overprotective attitudes like these compromise the authors' basically sound medical information on the pathophysiology, diagnosis, and treatment of disabling conditions.

Yet, juxtaposed among linguistic and clinical anachronisms such as the term "Invalidity Pension" (after all, who is an invalid? One without rights or responsibilities!) and medical recommendations such as to consider hysterectomy or radium-induced menopause for women confined to wheelchairs since they are "irked by menstruation," there are descriptions of progressive and innovative programs for enhancing self-sufficiency and quality of life. Despite "problems with organization of care in the National Health Service, lack of interest by doctors, insufficient psycho-social support, long delays in the supply of equipment such as wheelchairs which may be unsuitable when they do arrive," the National Health Service provides sophisticated electronic environmental control and communication systems for which most Americans have neither private nor government funding. Those with mobility impairments are entitled to a Mobility Allowance, which they can use as they please: to purchase or lease a vehicle, pay for taxis or transportation for vacations, or to reimburse the expenses of friends who give them rides. Voluntary organizations negotiate for disabled consumers so they can purchase cars, vans, electric wheelchairs, assistive devices, and insurance on a wholesale or discount basis. What great ideas!

The book is the work of mature, thoughtful clinicians. Its dispassionate description of the medical impairments and societally generated handicaps faced by adults with various disabilities is a challenge to physicians and other rehabilitationists on both sides of the Atlantic to work together to improve the organization, coordination, and funding of private and government health and social services so that our patients/clients can have equal access and equal opportunities in a global society in which dreams can become realities.

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